DOCUMENT RESUME

ED 346 679 EC 301 294

TITLE	Role and Responsibilities of the School Nurse (Registered Nurse) and the Child with Special Health Care Needs. Guidelines.
INSTITUTION	Maryland State Board of Nursing, Baltimore.
PUB DATE	23 Oct 90
NOTE	8p.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Decision Making; Elementary Secondary Education; Medical Services; Nursing; *School Nurses; *Special Health Problems; Supervision
IDENTIFIERS	*Maryland; *Technologically Dependent

ABSTRACT

This set of guidelines by the Maryland Board of Nursing presents the role and responsibilities of the school nurse in relation to the child with special health care needs. The introduction identifies four basic issues including necessary level of preparation, who determines what nursing care can be delegated, under what conditions nursing care can be safely delegated, and what type of supervision must be provided. The guidelines focus on the nurse's role and responsibilities as they apply to two groups of children: those with special care needs and those who are technology dependent. For both of these groups, the guidelines list variables the registered school health nurse must consider and requirements of written protocols addressing possible medical emergencies a given child might experience in the school setting. A list of 12 definitions is attached. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Jerri Wessel
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

EC

MARYLAND BOARD OF NURSING
4201 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2299

TELEPHONE: 764-4747

TTY FOR DEAF: 383-7555
D.C. METRO: 565-0451

ED346679

Guidelines

Role And Responsibilities of the School Nurse

(Registered Nurse) And the Child With Special Health Care Needs

Introduction:

The school setting is a rapidly changing practice area for licensed nurses. Children with exceptional health care requirements are currently being maintained into the school system.

Four basic questions related to the health care of these children in the school setting include but are not limited to:

A. What level of preparation is required to safely provide nursing care to children with special care needs and technology dependent children?

B. Who determines what nursing care can be safely delegated?

C. Under what conditions can nursing care be safely delegated to licensed or unlicensed personnel?

D. What type of supervision must be provided, (i.e. general or direct)?

The determination of what nursing functions can be safely delegated, to whom and under what conditions can only be made by a registered nurse (RN), the leader of the nursing team. The foundation for reaching these determinations is based upon the

EC 301294

BEST COPY AVAILABLE

identified needs of the child in the school system and the Regulations of the Maryland Board of Nursing Governing Delegation of Nursing Functions found at COMAR 10.27.11.

The following guidelines identify the nurses role and responsibilities, including delegation of nursing functions, as they apply to two groups of children: those with special care needs and those who are technology dependent. These guidelines are the result of four years of examination and study by the Board of Nursing and its Practice Issue Committee and have been modified as a result of a pilot test conducted in the 1988-1989 academic year. This document provided the parameters which the school nurse registered nurse is expected to utilize in his/her nursing practice.

CHILDREN WITH SPECIAL CARE NEEDS:

The school health nurse (RN) determines the level of personnel needed to care for the child in the school setting. Each child with special care needs shall have a nursing care plan written by the school health nurse (RN). For the child who requires intermittent and/or episodic nursing care, the determination of what nursing functions can be delegated, to whom, and under what conditions, is dependent upon the school health nurse (RN) evaluation of the following variables:

1. the child's health status which includes the chronicity and stability of health problems;
2. the complexity of the nursing tasks to be performed;
3. the type of supervision the school health nurse (RN) needs to provide to be sure that the nursing tasks are performed safely; and
4. utilization of PRN medications and treatments.

There shall be written protocols addressing possible medical emergencies the child may experience while in the school setting. These protocols should include:

1. definition of a medical emergency for this child;

2. designation of individuals to be notified when the emergency occurs;
3. identification of person who will initiate and direct the action to be taken;
4. specific action to be taken in this emergency;
5. transport specifications (internal and external), who will provide it and to where; and
6. format for documentation of actions taken in medical emergency.

TECHNOLOGY DEPENDENT CHILD:

The technology dependent child usually requires constant direct one on one nursing care. The school health nurse (RN) is the coordinator/facilitator of care for all children in the school setting. Because of the intense needs of the technology dependent child the school health nurse (RN) generally is not the direct care provider.

The school health nurse (RN) provides the crucial specialized skills of coordinating, planning, and providing general supervision of the care of this child in the classroon setting. His/her expertise is required to evaluate the admission of a specific child to a specific school; the placement of the child in a safe, accessible classroom within the school; and assessing the overall school and community environment and necessary resources to insure a safe educational setting for this child. Prior to the admission of the child to the classroom, the school health nurse (RN) is responsible for insuring that appropriate school personnel have the information necessary to create an environment conducive to learning for <u>all</u> members of the class.

The school health nurse (RN) determines the level of personnel needed to care for this child in the school setting. Input will be gathered from a multidisciplinary health team which should include but is not limited to: a representative of the primary institution providing health care; the child's primary physician; the child's parents; the child

BEST COPY AVAILABLE

(when the child is able to communicate); the primary registered nurse coordinating the child's home care and a designated school representative.

This determination is based on the school health nurse (RN) evaluation of a number of variables specific to each child. These variables include but are not limited to:

1. number of drugs, action, dosage, toxicity of each drug and route of administration of drugs the child receives.
2. utilization of PRN medications.
3. the nature, frequency and complexity of prescribed treatments the child requires and assessment for PRN treatments.
4. the complexity and acuteness of the observations and judgments the care giver must make.
5. the stability of this child's medical condition (i.e. can the child's stability change dramatically to life threatening within a few minutes/seconds?)
6. current specialized knowledge base and proficiency of psychomotor skill required of the proposed level of direct care provider.
7. the specific child's ability to communicate his/her needs to the care giver.
8. level of preparation and experience of the designated direct care giver.

The needs of the technology dependent child require that written protocols be formulated addressing possible medical emergencies the child may experience while in the school setting. These protocols would include:

1. definition of a medical emergency for this child.
2. definition of individuals to be notified when the emergency occurs.
3. identification of person who will initiate and direct the action to be taken.
4. specific action to be taken in this emergency.
5. transportation specifications (internal and external), who will provide it and to where.

Accepted by the Maryland Board of Nursing, October 23, 1990

6. Format for documentation of actions taken in medical emergency.

The school health nurse (RN) and the direct care giver work in collaboration. While the school health nurse (RN) is responsible for nursing judgments, there are exceptional circumstances when the nurse may defer to the direct care giver who is the most knowledgeable, skilled provider for that specific child.

Under COMAR 13A.05.01 some children with special health needs or who are technology dependent may be identified as being handicapped and in need of special education services. Decisions concerning eligibility, service provision, and placement are based on the child's individualized educational program developed by the Admission, Review and Dismissal Committee (ARD). The school nurse (RN) as a vital member of the ARD Committee interprets assessments, determines the level of personnel needed to provide care and provides other valuable information relative to the specific child.

Definition of Terms

1. Supervision: The process of critical watching, directing and evaluating another's performance.

   A. General Supervision: Means review, observation, instruction and evaluation of another's performance in physical health care services, but does not necessarily require the direct presence of the school health nurse (RN) at all times.

   B. Direct Supervision: Means on-site, physically present and immediately available to coordinate, direct, inspect, and evaluate at first hand the practice of another.

2. Special Care Needs Child: One with health deficits that necessitates some type of intermittent and/or episodic nursing care during school hours. (See examples in item 3 and 4.)

3. Intermittent Nursing Care: Nursing care which is required at specific pre-determined intervals, (i.e. assistance with multiple medications, assistance with catheterization, etc.).

4. Episodic Nursing Care: That care provided which is required at non-specific intervals, (i.e. episodes of diabetic imbalance, asthma attacks, seizure disorders, etc.)

5. Technology Dependent Child: A child with health deficits that usually require constant direct one-on-one nursing care, (i.e. a child dependent on a special medical device such as a respirator to maintain normal body function.)

Accepted by the Maryland Board
of Nursing, October 23, 1990

6. Constant Direct one-on-one Nursing Care: Nursing care at the intensity level which requires a 1:1 ratio to provide necessary services, with the care giver present at all times.

7. Unlicensed Personnel: Means an individual other than the registered nurse/licensed practical nurse who functions in a complimentary or assistant role to the school health nurse (RN) in providing direct care or carrying out common nursing functions.

8. School Health Nurse (RN): An individual licensed by the Board of Nursing to practice registered nursing, with experience and/or special training in working with children and families in community or school health programs.

9. Complex Task: One that requires judgment and skill to safely alter the standard procedure in accordance with the needs of the patient; or requires considerations of a number of factors in order to perform the procedure; or requires judgment to determine how to proceed from one step to the next.

10. Non-Complex Task: One that can be safely performed according to exact direction, with no need to alter the standard procedure, and the results are predictable.

11. Invasive procedure: One that requires the introduction of an instrument, tube, catheter, or a substance into a body orifice, or one that requires the breaking of skin.

12. Non-invasive procedure: Procedures which do not in anyway destroy the integrity of the skin nor enter a body orifice.

13. Collaboration: To labor together, to act jointly, to work together in willing cooperation with another.

Accepted by the Maryland Board
of Nursing, October 23, 1990